## PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003

pplication or Docket Number 0/501686

CLAIMS AS FILED - PART I								MALL	ENTITY		OTHE	RTHAN
إز	OTAL CLAIM		(Column 1) (Col			umn 21	1 <u> </u>	TYPE		OF	SMALI	ENTITY
TOTAL CLAIMS								RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		В	ASIC FE	E	OF	BASIC FE	E 920
TOTAL CHARGEABLE CLAIMS			/7 minus 20= *					XS 9=		ÖR	X\$18=	
IN	DEPENDENT	CLAIMS	2 minus 3 = *					X43=		OR	X86=	
М	ULTIPLE DEPE	NDENT CLAIM I	PRESENT	····	·		+145=			OR		
• 1	f the differenc	e in column 1 is	s less than	less than zero, enter "0" in column 2			<u> </u>	TOTAL	-	OR		9205
CLAIMS AS AMENDED - PART II									<u> </u>			RTHAN
		(Column 1)		(Column 2) (Column 3)			9	SMALL	ĖNTITY	OR		ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	IER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total		Minus	**		=	XS 9=			OR	XS18=	
	Independent		Minus	***		=		X43= ·		OR	X86=	
	FIRST PRES	ENTATION OF M	ULTIPLE DI	EPENDENT	CLAIM		+	145=		ORI	+290=	
											TOTAL	1
		(Column 1)		(Colum	n 2)	(Column 3)	AUL	DIT. FEE	<del></del>		ADDIT. FEE	Ē
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOU PAID F	ST ER JSLY	PRESENT EXTPA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI! TIONAL FEE
	Total /	•	Minus	**		=	×	(\$ 9=		OR	X\$18=	
	Inaependent	•	Minus	***		=	×	(43=		OR:	X86=	
	FIRST PRESE	NTATION OF ML	JLTIPLE DE	PENDENT (	CLAIM			145=			+290=	-
								TOTAL	•••	OR.	TOTAL	
(Column 1) (Column 2) (Column 3								IT. FEE <b>L</b>		OR ,	ADDIT. FEE	
Z		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	R SLY	PRESENT EXTRA	R	ATE	ADDI- FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	••		=	XS	5 9=		OR	X\$18=	
	Independent	•	Minus	***		=	-	43=			X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							102		OR	700-	
* If the optical is column 1 as less than the optical is column 2 waits "0" in optical 2								45=		OR	+290=	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR A	TOTAL ODIT. FEE	
	•	ber Previously Paid			•		ni bauol	the appr	opriate box	iu coln	mn 1.	
							-					